

## POLICY CHECKLIST – FAMILY CHILD CARE CENTERS

**Use of form:** HFS 45.04(2)(e) requires the licensee to develop, submit to the department for compliance review, implement and provide to the parents written policies and procedures for the following categories. Asterisked (\*) items are required to be included in your policies. Shaded items listed are optional but strongly recommended. Use of this form is mandatory under HFS 45.11(3)(c)5., HFS 45.11(4)(a)4., and HFS 45.11(5)(b)4. Failure to submit this completed checklist to the department may result in issuance of a non-compliance statement.

**Instructions:** Whenever policies are updated, a dated copy should be sent to your licensing specialist along with a completed policy checklist. Use the checklist to identify the page number on which you address each point for ease in reference and review. Policies should be dated and the pages numbered.

Name – Facility		Name – Provider	
Days Open <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Months Open <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug. <input type="checkbox"/> Sept. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec.	Hours Open	
Ages of Children You Are Licensed For		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you certified?	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><b>Policy Page #</b></div> <div style="background-color: #f0f0f0; padding: 5px;"><b>GENERAL INFORMATION</b> Items posted for parents: license certificate and results of the latest monitoring visit. Licensee will give parents summary of licensing rules. "Your Guide to Licensed Child Care" is a summary available from the Child Care Information Center. Parent may visit at any time unless restricted by court order. * Type, number and location of pets. * Pets accessibility to children. Vaccination of pets. Supervision when animals are accessible to children. Children's allergies to animals. * Insurance: <input type="checkbox"/> Premises <input type="checkbox"/> Operation of business <input type="checkbox"/> Pets accessible to children <input type="checkbox"/> Auto – if children are transported Release of children to authorized person. Parents / guardians under the influence of alcohol or drugs. Emergency plans: <input type="checkbox"/> Fire <input type="checkbox"/> Tornado <input type="checkbox"/> Severe thunderstorm <input type="checkbox"/> Lost or missing child <input type="checkbox"/> Threats to building or its occupants <input type="checkbox"/> Loss of building services <input type="checkbox"/> *Evacuating sleeping children during night care, if applicable  Communication with parents. Confidentiality of information. Hours, days and months center is open. Include holidays that center is closed.</div>		<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><b>Policy Page #</b></div> <div style="background-color: #f0f0f0; padding: 5px;"><b>* ENROLLMENT AND DISCHARGE OF CHILDREN</b> Ages of children served. Non-discrimination statement (required if participating in food program). Trial period. Enrollment procedure (meet with provider to discuss child's specific needs and to review program policies, transition visits). Forms to be completed and timeline for submission. Enrollment options: full-time, part-time, hourly, drop-in. Reasons for discharge by provider. Amount of notice from provider. Fees charged. Process for parents to withdraw child from care. Amount of notice from parent. Fees charged.  <b>* PAYMENTS AND REFUNDS</b> Enrollment or registration fee, if any. When fees are due. 3rd party payments and co-payments. Fees when children are absent. Current rate sheet (include full-time, part-time, drop-in, any differences by age group). Late fee for late payment, if any. Late fee for late pick-up, if any. Sibling discount, if any.</div>	

**Policy  
Page #****\* CHILD AND PROVIDER ABSENCES**

Vacation: yours and theirs – (indicate when notice is to be given and amount of fee payment required).

Sick days, other absences – provider and children's – (indicate when and if fees are to be paid).

Holidays: paid or unpaid.

Emergency back-up provider.

Back-up provider arranged by parent (pre-planned absence).

Substitute provider arranged by provider (pre-planned absence).

**\* HEALTH**

Ill child exclusion guidelines.

Isolation of ill children.

When children may return to center after being ill.

Communicable disease reporting requirements.

Minor injuries.

Emergency medical procedures including head injuries.

**\* Planned source of emergency medical care.**

Procedures for giving medications.

Medical log procedures.

**\* SIDS Risk Reduction (if licensed for children under one year of age).**

Smoking is not permitted on the premises when children are present.

Mandated reporter of child abuse and neglect.

Approved plan for care of mildly ill children, if applicable

**\* NUTRITION**

Schedule of meals and snacks (no child may go longer than three hours without food).

Center meals and snacks must meet USDA guidelines.

If parent's provide food, inform parent's of USDA guidelines.

Food allergies.

Special diets: medical condition or personal choice.

Record of meals and snacks available for review.

Participation in Child and Adult Care Food Program.

Snack for school-aged children, if applicable.

Formula / breast milk / baby food, if applicable.

**Policy  
Page #****\* DAILY ACTIVITIES**

Planned activities.

Infant / toddler programming.

Preschool programming.

School-age programming.

Use of television / videos / DVD's.

Rest period will be provided for children under five in care for four or more hours.

Parent / provider will provide crib / playpen / sleeping bag / mat.

Field trips.

**\* Religious instruction or practices, if any.**

Night care programming, if any.

**\* CHILD GUIDANCE**

Positive guidance techniques.

**\* Time out procedures, if applicable.**

Prohibited punishments.

**\* TRANSPORTATION**

Center transportation provided / not provided to and from school or field trips.

Contracted transportation services, if any.

Use of public transportation, if any.

**OTHER**

- Items provided by parents / provider.
- Current Rate Sheet

**SIGNATURE** – Licensing Specialist

Date of Review